



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-3

October 29, 1998

James A. Williams, Treasurer  
International Brotherhood of Painters &  
Allied Trades Political Action Together  
Political Committee  
1750 New York Avenue, NW  
Washington, DC 20006

Identification Number: C00000885

Reference: Amended Year End (7/1/97-12/31/97), dated 6/26/98, Amended April  
Quarterly (1/1/98-3/31/98), dated 6/18/98 and July Quarterly (4/1/98-  
6/30/98) Reports

Dear Mr. Williams:

This letter is to inform you that as of October 28, 1998 the Commission has not received your response to our requests for additional information dated October 7, 1998. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Matthew Petusky on our toll-free number (800) 424-9530 or our local number (202) 694-1130.

Sincerely,

John D. Gibson  
Assistant Staff Director  
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

James A. Williams, Treasurer  
International Brotherhood of Painters &  
Allied Trades Political Action Together  
Political Committee  
1750 New York Avenue, NW  
Washington, DC 20006

OCT 7 1998

Identification Number: C00000885

Reference: Amended Year End Report (7/1/97-12/31/97), dated 6/26/98

Dear Mr. Williams:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Your calculations for Line 8 appear to be incorrect. Cash-on-hand at the close of the current reporting period should always equal the closing calendar year-to-date cash-on-hand amount. Please provide the corrected total on the Summary Page.

-Schedule A of your report discloses the receipt of funds from your connected organization (pertinent portion(s) attached). 2 U.S.C. §441b prohibits the receipt of funds from national banks, corporations, and labor organizations. Under 11 CFR §114.5(b)(3), however, a separate segregated fund may be reimbursed for any solicitation or other administrative expense provided that the reimbursement is made no later than thirty days after the expense was paid by the separate segregated fund.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. Please provide further clarifying information regarding the date(s) on which the committee made payments for any solicitation or other administrative expenses. To the extent that the reimbursement was made beyond thirty

days, your committee must transfer the funds to an account not used to influence federal elections or refund the full amount to your connected organization in accordance with 11 CFR §103.3(b). The Commission recommends that you inform your connected organization in writing to provide them with the option of receiving a refund or granting written authorization of a transfer-out to protect the donor's interest.

Please inform the Commission of your corrective action immediately in writing and provide a copy of your check for the transfer-out or refund. In addition, any transfer-out or refund made should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the date on which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of a prohibited contribution, prompt action by your committee to refund or transfer-out the amount will be taken into consideration.

-Please provide the correct coverage dates of your report on Line 5 of the Summary Page.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,



Matthew J. Petusky  
Reports Analyst  
Reports Analysis Division

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE OF  
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)  
INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES POLITICAL ACTION TOGETHER

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES (GENERAL FUND) 1750 NEW YORK AVENUE, NW WASHINGTON, DC 20006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		8/15/97	41,647.08
		9/16/97	2,941.32
	Occupation	11/03/97	8,890.49
	Aggregate Year-to-Date	10/05/97	4,084.27
			5,337.01
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$	

SUBTOTAL of Receipts This Page (optional)

62,900.17

TOTAL This Period (last page this line number only)

62,900.17